



Client Satisfaction Survey

	Less than a week (1)	Less then a month (2)	More than a month (3)
1. How long have you been receiving services? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What month and year were you admitted to [insert agency name]? (MM/YYYY)

3. Are you still in treatment at [insert agency name]?

- ☐ Yes (1)
- ☐ No (2)

4. What month and year were you discharged from [insert agency name]? (MM/YYYY)

5. Who referred you to [insert agency name]?

- ☐ Self (21)
- ☐ Health Care Provider (22)
- ☐ Community Mental Health Clinic (23)
- ☐ Alcohol/Drug Abuse Provider (24)
- ☐ Other Individual (25)
- ☐ Employer/EAP (26)
- ☐ School (27)
- ☐ TASC (28)
- ☐ OWI (29)
- ☐ Other Criminal Justice/Court (30)
- ☐ Civil Commitment (31)
- ☐ Promise Jobs (32)
- ☐ Zero Tolerance (33)
- ☐ Drug Court (34)
- ☐ Other Community (38)
- ☐ DHS Child Abuse (39)
- ☐ DHS Child Welfare (40)
- ☐ DHS Drug Endangered Child (41)
- ☐ DHS Other (42)
- ☐ Division of Vocational Rehabilitation (43)
- ☐ Parole Board (44)
- ☐ State Probation (45)
- ☐ Federal Probation (46)

These questions are about your counselor. If you had more than one, pick the one you had the most contact with.

	Never (1)	Sometimes (2)	Usually (3)	Always (4)
6. How often did your counselor treat you with courtesy and respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How often did your counselor listen carefully to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How often did you feel comfortable raising any concerns that you had about your treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. How often did your counselor explain things to you in a way you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions are about other staff in the agency you interacted with other than your counselor.

	Never (1)	Sometimes (2)	Usually (3)	Always (4)
10. How often did staff treat you with courtesy and respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How often did staff listen carefully to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often did staff explain things to you in a way you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions are about the physical facility and building where you received services.

	Never (1)	Sometimes (2)	Usually (3)	Always (4)
13. How often were the rooms, bathrooms, and hallways kept clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How often did you feel safe when you were in or around the building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How often did the facility and building seem efficient and well run?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions are about the program you received in general.

	Never (1)	Sometimes (2)	Usually (3)	Always (4)
16. How often did the program seem efficient and well run?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How often would you suggest this program to a friend or family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How often did the program seem to fit your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How often did you get the kind of service you wanted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how dissatisfied or satisfied you were with:

	Very Dissatisfied (1)	Dissatisfied (2)	Uncertain (3)	Satisfied (4)	Very Satisfied (5)
20. The service you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The help you received for the problem you came for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. The quality of the services you received?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Under 18 (1)	18 to 24 (2)	25 to 34 (3)	35 to 44 (4)	45 to 54 (5)	55 or over (6)
23. How old are you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Are you... ?

- ☐ Male (1)
☐ Female (2)

	White (1)	Black (2)	Hispanic or Latino (3)	Other (4)
25. What best describes you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you please take a few minutes to describe what about the service experience stands out: